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T06290-T06260

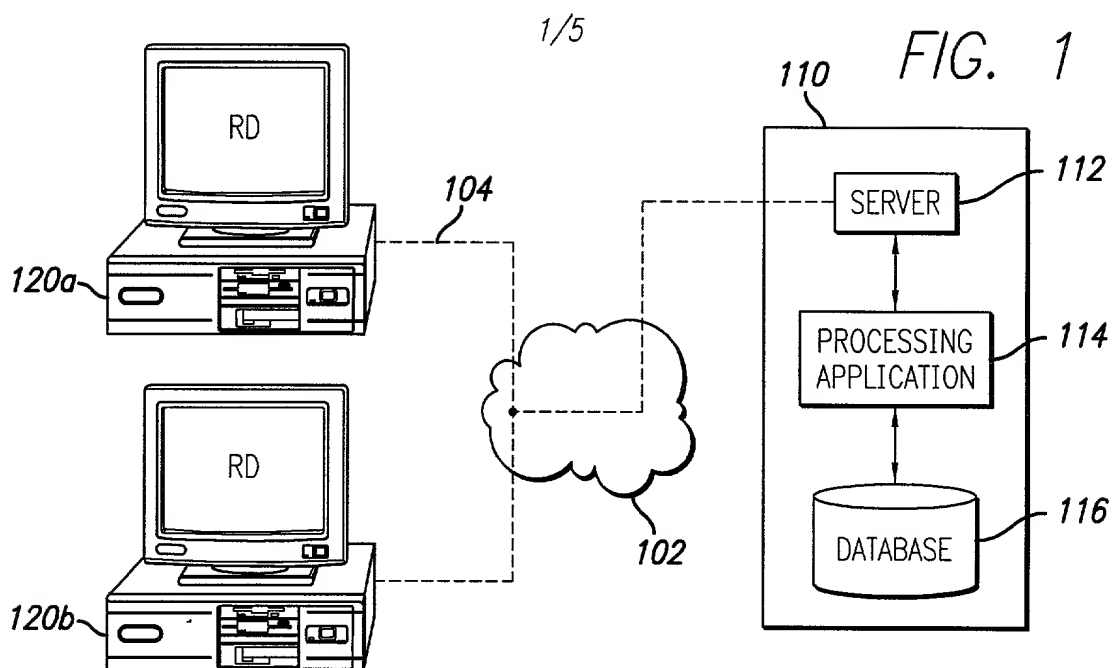
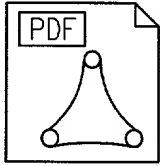
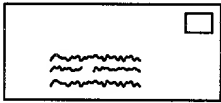
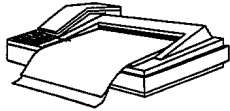



FIG. 4

410

FORM OPTIONS

412	① VIEW, SAVE, OR PRINT YOUR FORM	
414	② EMAIL YOUR FORM <input type="text"/> (John@company.com)	
416	③ FAX YOUR FORM <input type="text"/> (enter fax number)	
418	④ HARD COPY SERVE YOUR FORM (1st class mail or Fedex)	

210

212 SUBMIT FORM

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD

ARBITRATION SUBMITTAL FORM

214a INJURED WORKER	214g ADDRESS
214b DATE OF INJURY	214h SOCIAL SECURITY NUMBER
214c DATE OF BIRTH	
214d ATTORNEY FOR INJURED WORKER	214i ADDRESS
214e EMPLOYER	214j ADDRESS
214f INSURANCE CARRIER	214k ADDRESS WHERE CLAIM ADMINISTERED

FIG. 2

210

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD

ARBITRATION SUBMITTAL FORM

Joe Smith 314a
INJURED WORKER

6/1/01 314b
DATE OF INJURY

9/1/55 314c
DATE OF BIRTH

David DePaolo 314d
ATTORNEY FOR INJURED WORKER

ABC Incorporated 314e
EMPLOYER

Aetna 314f
INSURANCE CARRIER

447 Brick Street 314g
ADDRESS

999-99-9999 314h
SOCIAL SECURITY NUMBER

123 Filmore Street 314i
ADDRESS

123 Beacon Street 314j
ADDRESS

Los Angeles, CA 314k
ADDRESS WHERE CLAIM
ADMINISTERED

FIG. 3

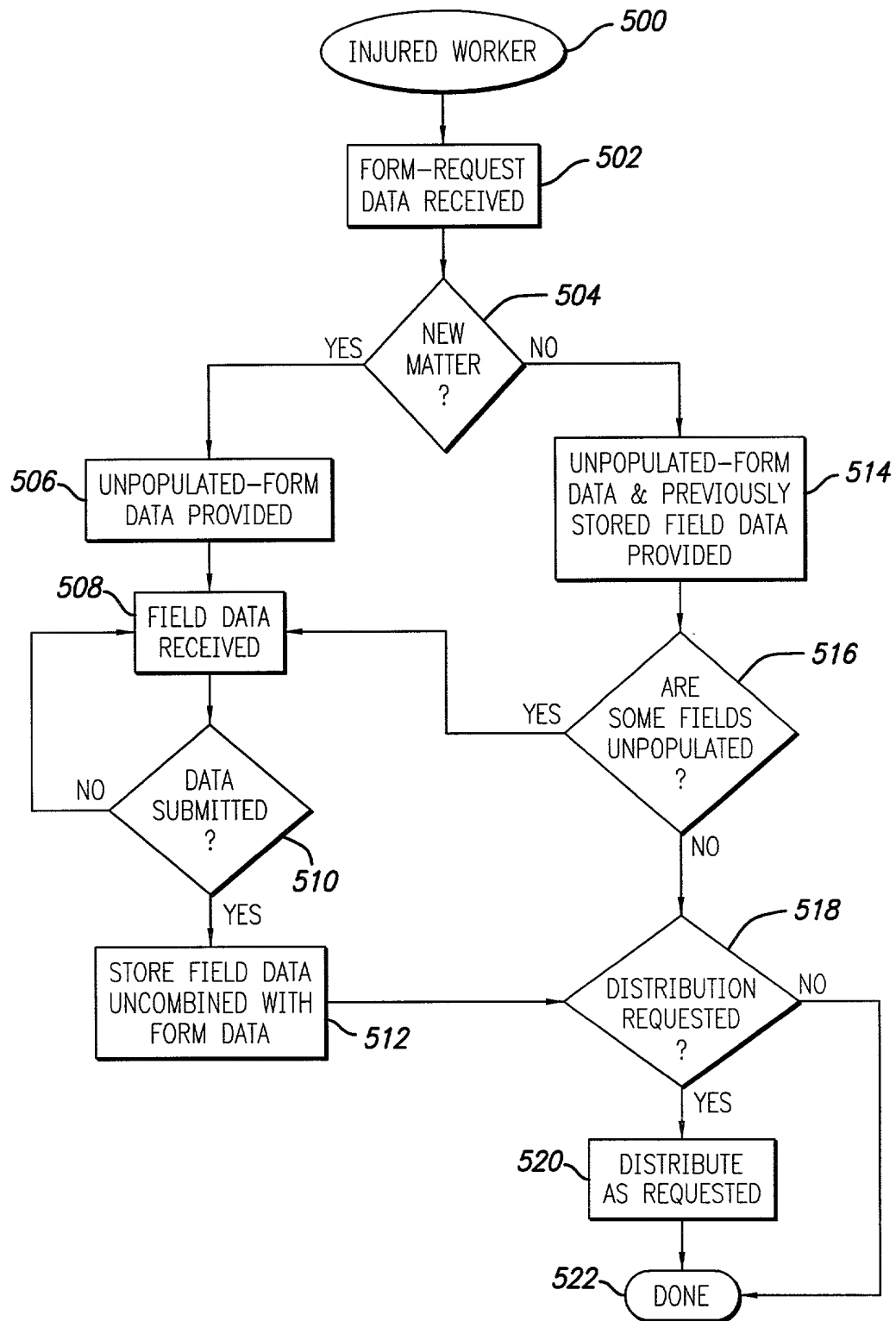


FIG. 5

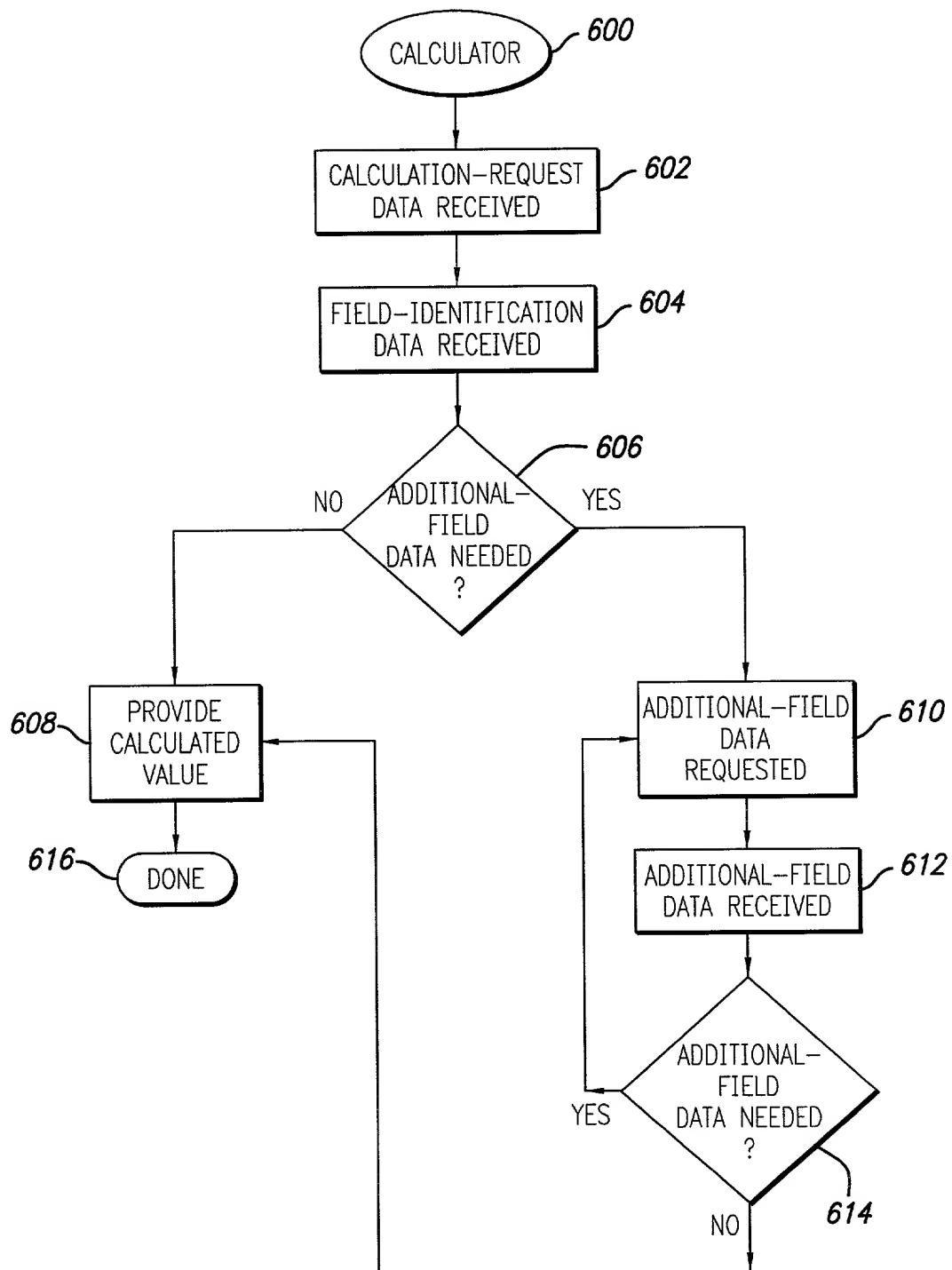


FIG. 6